LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page___ of ___Page(s)
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(Type or print clearly in black ink)

		See instruction	s at bottom	of page											
Lobbyist's name and permanent business address								Date prepared				Period covered			
Tim S. Olson												month ending			
1211 W. Myrtle, Ste. 110								5/3/06							
Boise, ID 83702								1				(Mo.)	(Day)	(Yr.)	
						1				4	30	2006			
Item 1	Totals	s of all reportat	de expendit	ures made o	r incurred	by Lobb	yist o	r by	Lobbyist's Empl	oyer on l	chalf o	f Lobby	st's Emplo	уег.	
Category of Expenditure Proportionate am									buted by each emp	loyer (Ide	ntify er	nployers,	under		
Expenses	Pertaining to L	ing and Travel obbying Activity	*Total Amount for All Employers		<u> </u>	Item 3, at bottom of page.)									
Do	Not Have to b	e Reported			Employer No. 1		1	Employer No. 2		Employer No. 3			Employer No. 4		
Entertainment Food and Refreshment			\$	0.00	s	0.0	00	\$ _	0.00	s			s		
Living	Accommod	ations					_	_		ĺ					
Advert	sing		 				_	_		ļ		_			
Travel							_					_			
Telepho	one						_	_							
Other E	xpenses or	Services					ŀ								
				0.00		0.0	_	_	0.00			-			
		Total	\$	0.00	\$	0.0	<u>"</u>	\$ _	0.00	\$.00	\$	0.00	
•7	Vhen the num	ber of employers	s Aon ene tebe F	orting for requi	l ires multip	le L-3 form	j is to b	c file	d a total amount fo	l raliemple	yers sho	l ould be en	tered on Pa	ge 1.	
Item	The totals	of each expend	iture of mo	re than fifty	dollars (\$	50) for a l	egisla	tor	or other holder of	public c	ffice.				
	Date		Plac	<u>e </u>		Am	ount	_	Names o	f Legislat	ors & Pu	blic Offic	ials in Grou	p	
						1		- 1							
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П	ontinued on:	attached page(s)				ł		ı							
	Ondirect on (minersen balle(s)					Iten	. T							
INSTRUCTIONS							3 Employer(s) Nam			Name(s)	e(s) and Address(es)				
								2~~	ones PlusCh	iold of	idaha				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.						tion	No.1 Regence BlueShield of Idaho 1211 W. Myrtle, Ste. 110 Boise, ID 83702								
Filing deadline: Monthly reports due within ten (10) days of the						No.2 Idaho Association of Health Plans									
month for activities of the past month.							P.O. Box 6191 Boise, ID 83707								
TO BE FILED WITH:							NT. 2								
Ben Ysursa							No.3								
Secretary of State PO Box 83720															
PO Box 83720 Boise, ID 83720-0080							No.4								
Phone: (208) 334-2852 Fax: (208) 334-2282															

liem :	personal property to any Legislator, or for or on behalf of any legislator.											
	Date		Amount		Name of Legislator Receiving or Benefited							
ltem				tion, the number of the Senate	T	LEGISLATIVE SUI	SJECT	IDENTIFICATION				
5					Code	Subject	Code	Subject				
Subject (from)		Lobbyist was supporting or oppo		Appropriation Bill Number and Section Number	08 09 10 11 12 13 14 15		17 18 19 20 21 22 23 24 25 26 27 28 29 36	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquer Manufacturing, distribution and services				
				above is a true, complete and 67-6624 Idaho Code.	/							
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